# Index to Volume 62

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and 0.0; rash 1.4 and 7.1; oral monifiasis 0.9 and 4.0; fever 0.5 and 3.0; pruritus at non-application site 0.0 and 2.0, and anaphylaxis 0.0 and 10.11\* respectively. Laboratory Changes 27VOX has been associated with thrombocytopenia when used in doses up to and including 600 mg every 12 hours for up to 28 days. In Phase 5 comparator-controlled trials, the percentage of adult patients who developed a substantially low platelet count (defined as less than 75% of lower limit of normal and/or baseline) was 2.4% (range among studies: 0.3 to 10.0%) with 27VOX and 1.5% range among studies: 0.4 to 7.0%) with a comparator. In a study of hospitalized pediatric patients ranging in age from birth brough 11 years, the percentage of patients who developed a substantially low platelet count (defined as less than 75% of lower limit of normal and/or baseline) was 2.9% with 27VOX and 15.4% with anapomyon, in an outpatient study of pediatric patients aged from 5 through 11 years the percentage of patients who developed a substantially low platelet count vas 0% with 27VOX and 15.4% we percentage of patients who developed a substantially low platelet count was 0% with 27VOX and 15.4% percentage of patients who developed a substantially and plate of 27VOX appears to be dependent on duration of therapy, (generally greater than 2 weeks of treatment). The platelet counts for most patients returned to the normal range/baseline during the follow-up period. No related clinical adverse events were identified in Phase 3 clinical trials in patients developing thrombocytopenia associated with the vast of the patients of the patients and the patients are propriated in these events cannot be determined see WaRNMOS. Changes seen in other laboratory parameters, without regard to drug relationship, revealed no substantial differences between 2VVOX and the comparators. These changes were generally not clinically significant, did not their laboratory parameters, without regard to drug relationship, revealed no substantially abnormal hematologic valu

creatinine img/dU 0.4 and 0.0 respectively. The percent of pediatric patients with at least one substantially abnormal serum chemistry value in patients treated with ZVVDX or vancomyoin for any other indicationt were as follows. AIT UVJ 10.1 and 12.5; armilase UVJ 0.6 and 1.3; total bilinubin (mg/dU 6.3 and 5.2; and creatinine img/dU 2.4 and 1.0 respectively. Postmarteting Experience Myelosuppression including anemia, jeulopenia, panortopenia, and thrombocytopenial has been reported during potentification of ZVDX (see WARRININGS). Peripheral neuropathy, and optimizer peripheral progressing to loss of vision. have been reported in patients treated with ZVVOX. Lactic acidosis has been reported with the use of ZVVOX (see PRECAUTIONS). Although these reports have primarily been in patients treated for longer than the maximum recommended duration of 28 days, these events have also been reported in patients receiving concomitant serctonergic agents and ZVVOX (see PRECAUTIONS). These events have also been reported in patients receiving concomitant serctonergic agents and ZVVOX (see PRECAUTIONS). These events have been chosen for inclusion due to either their seriousness, frequency of reporting, possible causal cornection to ZVOX, or a combination of these factors. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made and causal relationship cannot be precisely established. OVERDOSAGE in the event of overdosage, supportive care is advised, with maintenance of inezolid was removed during a 5-hour hemodialysis or frequency cannot be made and causal relationship cannot be precisely established and provided and attacks in rats and vanished provided and a cause to valiables for removal of linezolid with pertoneal dialysis or hemoperfusion. Clinical signs of acute toxicity in animals were decreased activity and attacks in rats and vomiling and tremors in dogs treated with 5000 mg/kg/dky and 2000 mg/kg/dky respectively.

animals were decreased activity and ataxis in rats and vomiting and tremors in dogs tracted with 3000 mg/kg/day and 2000 mg/kg/day, respectively.

\*MDRSP refers to isolates resistant to 2 or more of the following antibiotics: penicillin, second-generation cephalosporins, macrolides, tetracycline, and trimethoprim/sulfamethoxacole.

\*Comparators included cefpodoxime proxetil 200 mg PO q12h: ceftriaxone 1 g IV q12h: darithromycin 250 mg PO q12h, dicloxacillin 500 mg PO q6h; oxacillin 2 g IV q6h; vancomycin 1 g IV q12h.

most commonly reported drug-related adverse events leading to discontinuation in patients

1 9 / V (12).

1 The most commonly reported drug-related adverse events leading to discontinuation in patients treated with 2PVOX were nausea, headache, diarrhea, and vomiting. Comparators included explosionier proved 120 mg PO q12h, ceftriaxone 1 g IV q12h; didoxadillin 500 mg PO q16h; oxadillin 2 g IV q6h; vancomyon 1 g IV q12h.

1 Patients 5 through 11 years of age received 2PVOX 10 mg/kg PO q12h or cefadroxil 15 mg/kg PO q12h.

1 Patients 10 mb pith through 11 years of age received 2PVOX 10 mg/kg PO q12h or cefadroxil 500 mg PO q12h.

1 Patients from birth through 11 years of age received 2PVOX 10 mg/kg PO q0 por vancomyoin 10 to 15 mg/kg IV q6-24h, depending on age and renal clearance.

1 Patients from the wind the pending on age and renal clearance.

1 These reports were of red-man syndrome; which were coded as anaphylixis.

2 75% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline; 275% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline; 275% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline; 275% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline; 275% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline; 275% (450% for neutrophils) of Lower Limit of Normal LLUN for values normal at baseline.

2 x Upper Limit of Normal LUN for values normal at baseline; 2 x ULN and 3 (515 for total billirubin x baseline for values abnormal at baseline.

bilirubin) x baseline for values abnormal at baseline

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